



Quarterly Family Care Activity Report

For the quarter ending
June 30, 2002

September 2002

Department of Health and Family Services
Office of Strategic Finance
Center for Delivery Systems Development

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For the 2nd quarter, ending June 30, 2002

Family Care is an innovative long-term care program being piloted by nine counties in Wisconsin. The Governor and Legislature authorized this program in order to develop and test a comprehensive and flexible long-term care service system that will:

- Give people better choices about where they live and what kinds of services and supports they get to meet their needs;
- Improve access to services;
- Improve quality through a focus on health and social outcomes; and
- Create a cost-effective system for the future.

Family Care was designed to serve three target populations: frail elderly individuals and adults with physical or developmental disabilities. Family Care has two major organizational components:

- **Aging and Disability Resource Centers** offer information, assistance, and a limited number of services to the general public with a focus on issues affecting older people, people with disabilities, and their families. These centers provide information, advice and access to a wide variety of services. They also serve as a clearinghouse for information about long-term care for physicians, hospital discharge planners, and other professionals who work with older people or people with disabilities. Services are provided through the telephone or in visits to individuals' homes.

Aging and disability resource centers began operating in early 1998. Currently resource centers are operational in nine counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Marathon, Trempealeau, and Jackson. Two resource centers serve Kenosha County—one for individuals with developmental disabilities, and one for elderly individuals and individuals with physical disabilities.

- **Care Management Organizations (CMOs)** manage and deliver a wide variety of covered long-term care services, known as the Family Care benefit, for financially eligible elderly individuals and adults with disabilities. The Family Care benefit combines funding and services from a variety of existing programs into one flexible package of long-term care services, tailored to each individual's needs, circumstances and preferences. CMOs develop and manage a comprehensive set of long-term care services and support, either by providing the service with CMO staff or by purchasing the service from other providers. Each CMO receives a flat monthly payment for each member enrolled in the CMO, who may be living at home, in a group living situation, or in a nursing facility.

Care management organization (CMO) sites began operating in 2000. Currently, five CMOs are operational in five counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, and Richland.

Resource Center Information and Assistance

Individuals who need information and assistance related to long-term care services get in touch with resource centers in several ways. Some individuals are referred to the resource center by facilities that provide residential long-term care, which are required by law to inform the resource centers of individuals who are seeking admission. These referrals are known as pre-admission consultation (PAC) referrals. Individuals also contact the resource centers in response to outreach activities that publicize resource center services among Family Care's target populations.

Table 1 presents the number of PAC referrals received by each resource center during the four most recently completed quarters. The large increase in the 1st quarter of 2002 is due to DHFS efforts to enforce PAC referral requirements among residential facilities. **Table 2** presents the source of the PAC referrals by facility type.

Table 1
Pre-Admission Consultation Referrals Received
Most recent four quarters

Resource Center	July - September 2001	October - December 2001	January - March 2002	April - June 2002	Total
Counties without CMOs					
Jackson	20	24	69	51	164
Kenosha Aging & PD	120	107	263	287	777
Kenosha DD	0	0	1	2	3
Marathon	54	83	137	191	465
Trempealeau	7	3	20	6	36
Counties with CMOs					
Fond du Lac	63	93	147	112	415
La Crosse	234	239	234	202	909
Milwaukee	450	527	1,223	1,157	3,357
Portage	70	68	109	139	386
Richland	39	52	49	42	182
Total	1,057	1,196	2,252	2,189	6,694

Table 2
Source of Pre-Admission Consultation Referrals
 Most recent four quarters

Facility Type	July - September 2001	October - December 2001	January - March 2002	April - June 2002	Total
Nursing Home	811	889	1,891	1,812	5,403
Community Based Residential Facilities	172	228	213	265	878
Residential Care Apartment Complex	74	79	148	111	412
Adult Family Home	0	0	0	1	1
Total	1,057	1,196	2,252	2,189	6,694

Table 3 presents the number of information and assistance contacts for each resource center for the four most recently completed quarters. The number of contacts is only an approximation of the number of individuals who received information and assistance from the resource centers; one person may have made more than one contact during this period, while other single contacts assisted more than one person. A contact is defined as an exchange between a person seeking assistance or information and a resource center staff person trained to provide that assistance.

Table 3
Resource Center Contacts for Information and Assistance
 Most recent four quarters

Resource Centers	July - September 2001	October - December 2001	January - March 2002	April - June 2002	Total
Counties without CMOs					
Jackson	156	161	183	187	687
Kenosha Aging & PD	1,416	1,413	1,283	1,576	5,688
Kenosha DD	208	205	209	247	869
Marathon	761	743	707	794	3,005
Trempealeau	306	313	337	394	1,350
Counties with CMOs					
Fond du Lac	1,066	819	925	962	3,772
La Crosse	1,291	1,105	1,058	1,135	4,589
Milwaukee	9,150	10,248	11,868	10,229	41,495
Portage	1,728	2,098	1,870	723	6,419
Richland	213	207	349	293	1,062
Total	16,295	17,312	18,789	16,540	68,936

Table 4 presents information about the types of information and assistance that people requested from the resource centers during the most recent quarter. The number of issues for which people sought help differs from the number of contacts reported in Table 3, because many contacts include requests for information or assistance with several issues. The categories have been defined as:

- **Basic needs and financial related services:** Contacts seeking information or assistance related to issues such as benefits, Medical Assistance, health insurance, money problems, paying for food, shelter (other than residential long-term care), heating or air-conditioning or phone service, evictions, problems paying bills, or paying for medical care or drugs.
- **Disability and long-term care related services:** Contacts seeking information or assistance related to services such as home support, care management, respite, equipment and training, transition planning, independent living skills, and hospice services.
- **Long-term care related living arrangements:** Contacts seeking information or assistance related to consideration of permanent moves or temporary arrangements that are being contemplated because of a health, disability or frailty; home modifications or special living arrangements.
- **Health:** Contacts seeking information or assistance related to issues such as declining health, recuperative care, diseases, conditions, dementia, health, health promotion or medical care, or health equipment loaning.
- **Transportation:** Contacts seeking information or assistance related to arrangements and information on transportation issues and program information.
- **Paying for disability and long-term care related services:** Contacts seeking information or assistance related to paying for long-term care services, including issues such as the ability to afford services and questions related to financial eligibility for a variety of long-term care programs.
- **Nutrition:** Contacts seeking information or assistance related to services such as congregate or home-delivered meals, or nutrition counseling (i.e., diabetic or renal diet issues).
- **Home maintenance:** Contacts seeking information or assistance related to issues such as chores, housecleaning, yard work, general home repairs, and home safety, other than home modifications needed to address a disability.
- **Legal:** Contacts seeking information or assistance related to tax law, power of attorney, guardianship, consumer rights, advocacy, discrimination, or complaints.
- **Life enhancement:** Contacts seeking information or assistance related to recreation, education that is not job related, social programs, or volunteerism.

- **Adult Protective Services (APS):** Contacts seeking information or assistance related to, or reports of, abuse, neglect, self neglect, domestic violence.
- **Behavioral health:** Contacts seeking information or assistance related to issues such as mental health, substance abuse, concerns and treatments, depression, grief counseling.
- **Employment and training:** Contacts seeking information or assistance related to vocational rehabilitation, work, jobs, or training.

Table 4
Issues Presented by Resource Center Contacts
 April through June 2002

Focus of Inquiry	Number of Requests	Percentage
Basic Needs & Financial Related Services	6,268	26.3 %
Disability & LTC Related Services	4,160	17.4 %
LTC Related Living Arrangements	3,105	13.0 %
Health Services	2,542	10.7 %
Paying for Disability & LTC Services	1,448	6.1 %
Transportation Services	1,407	5.9 %
Nutrition Services	1,169	4.9 %
Legal Services	870	3.6 %
Home Maintenance Services	775	3.2 %
Employment and Training Services	734	3.1 %
Adult Protective Services (APS)	575	2.4 %
Life Enhancement	444	1.9 %
Behavioral Health Services	355	1.5 %
Total	23,852	100.0 %

Table 5 presents information on the outcomes of contacts that were accomplished during the most recently completed quarter. The number of outcomes will not necessarily equal the number of contacts shown on Table 3 or the number of issues raised shown in Table 4, for several reasons. One referral might resolve several issues, or one issue might require more than one referral. In addition, a contact that was initiated near the end of one quarter might not reach an outcome until after the beginning of the next.

Referrals are distinguished from giving people information, in that the resource center refers the caller to other services or resources, or is actively involved in obtaining a service or resource for a caller. The categories of outcomes have been defined as:

- **Information about long-term care services or resources:** Contact involves long-term care related information regarding services, resources, etc.
- **Information about other services or resources:** Contact involves other services, resources and/or other information.
- **Referral to Functional Screen:** This should include all referrals for a Functional Screen, which may include resource center-based long-term care options counseling.
- **Referral to private long-term care services:** This would include formal referrals to non-county agencies on behalf of private pay individuals.
- **Referral to public funding for programs such as Medicare, Medicaid, Food Stamps, Social Security:** Includes referrals made to link people to government benefits, such as to an Economic Support Unit/Worker, Benefit Specialist and Social Security Administration.
- **Referral to Adult Protective Services (APS):** Any referral to the County APS staff and/or elder abuse workers for elder abuse, financial abuse, self-neglect, placements, etc.
- **Referral to emergency services:** This would include services/actions to be delivered within 24 hours. It would include emergency food delivery, shelter, or emergency respite care or other immediate intervention.
- **Referral to services/resources other than emergency APS or LTC:** This category covers all other referrals.
- **Needs brief or short term services, follow-along or service coordination:** The use of this category will depend on the resource center. If the I&A worker sends all in-house referrals to either a long-term care unit or a distinct “access” unit, he or she may not know whether a contact requires brief services, and he or she would not be in the position of “following” contacts.

- **Noted for follow-up contact:** The I&A worker is providing information only, and making no referrals, *but* keeps a record of the contact in order to follow-up to make sure that the caller is okay, and/or to determine if the information was acted upon.

Table 5
Outcomes of Information & Assistance Contacts
 April through June 2002

Outcomes of Contacts	Number	Percentage
Information about Long-Term Care Services	7,526	37.4 %
Referral to Services or Resources Other than Emergency, APS, LTC	3,877	19.3 %
Referral for Long-Term Care Functional Screen	2,788	13.8 %
Information about Other Services or Resources	2,339	11.6 %
Needs Brief or Short-Term Services or Service Coordination	1,450	7.2 %
Referral to Publicly Funded Services*	868	4.3 %
Needs follow-up contact from RC	616	3.1 %
Referral to Adult Protective Services (APS)	442	2.2 %
Referral to Private LTC Services	184	0.9 %
Referral to Emergency Services	48	0.2 %
Total	20,138	100.0 %

* For programs such as Medicare, Medicaid, Food Stamps, Social Security

Long-Term Care Functional Screen

The Long-Term Care Functional Screen is an assessment tool that identifies the long-term care needs of an individual and is used to establish eligibility for certain programs, including the Family Care benefit.

Functional screens are provided to individuals for one of three reasons:

- They are not currently Family Care members, but are seeking assessment of their long-term care needs for the purposes of considering their options (initial screens);
- They are CMO members whose functional needs are being reassessed for annual eligibility recertification; or
- They are CMO members who have recently experienced a change in condition, and need to have their needs reassessed.

Only resource centers administer initial screens (except as described in the footnote below); CMOs may administer annual and change-in-condition screens for their members.

Table 6 presents the number of *initial* functional screens completed during the most recent quarter. Not all of these individuals will seek enrollment in Family Care or publicly funded long-term care; in fact, many are not eligible. However, the figures provide an indication of the number of adults, by target group, who are actively exploring their long-term care needs with the help of the nine resource centers. **Figure 1** provides a graphic representation of this information for the most recent four quarters. The increasing volume during the first three periods depicted here resulted from concerted efforts in Milwaukee County to complete the task of screening all individuals who had been on waiting lists for long-term care before July 1, 2002, a task which was successfully completed.

Table 6
Initial Long-Term Care Functional Screens Completed, by Target Group
April through June 2002

	Elderly	Developmental Disabilities	Physical Disabilities	Disability - Unspecified	Total
Counties without CMOs					
Jackson	25	22	8	0	55
Kenosha Aging & PD	87	6	27	0	120
Kenosha DD	0	20	2	1	23
Marathon	57	4	4	0	65
Trempealeau	13	0	4	0	17
Counties with CMOs					
Fond du Lac	59	11	21	1	92
La Crosse	108	26	60	1	195
Milwaukee	1,026	2	11	0	1,039
Portage	45	9	14	0	68
Richland	8	4	8	0	20
Total	1,428	104	159	3	1,694

Figure 1
Initial Long-Term Care Functional Screens by Target Group
Most recent four quarters

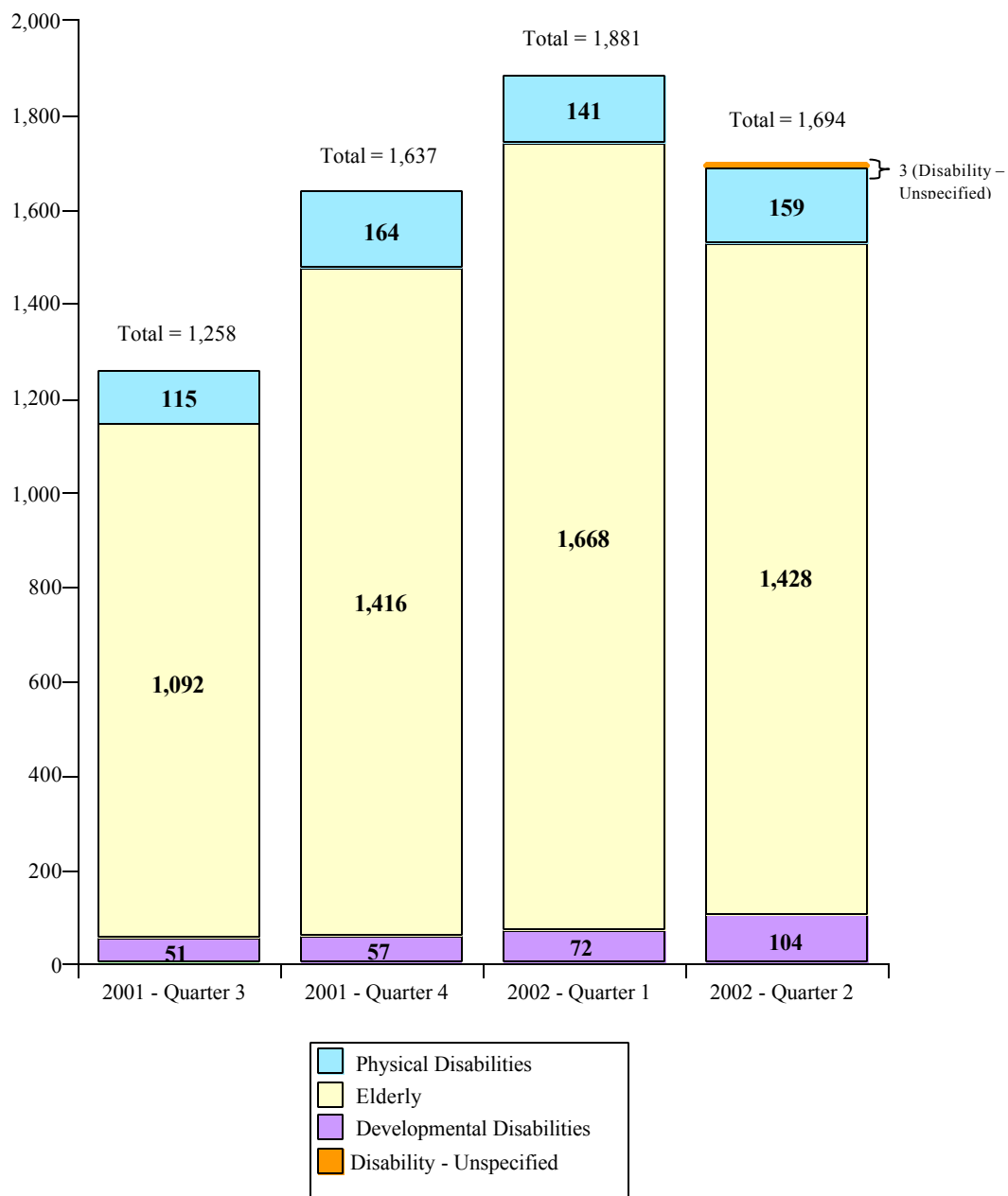
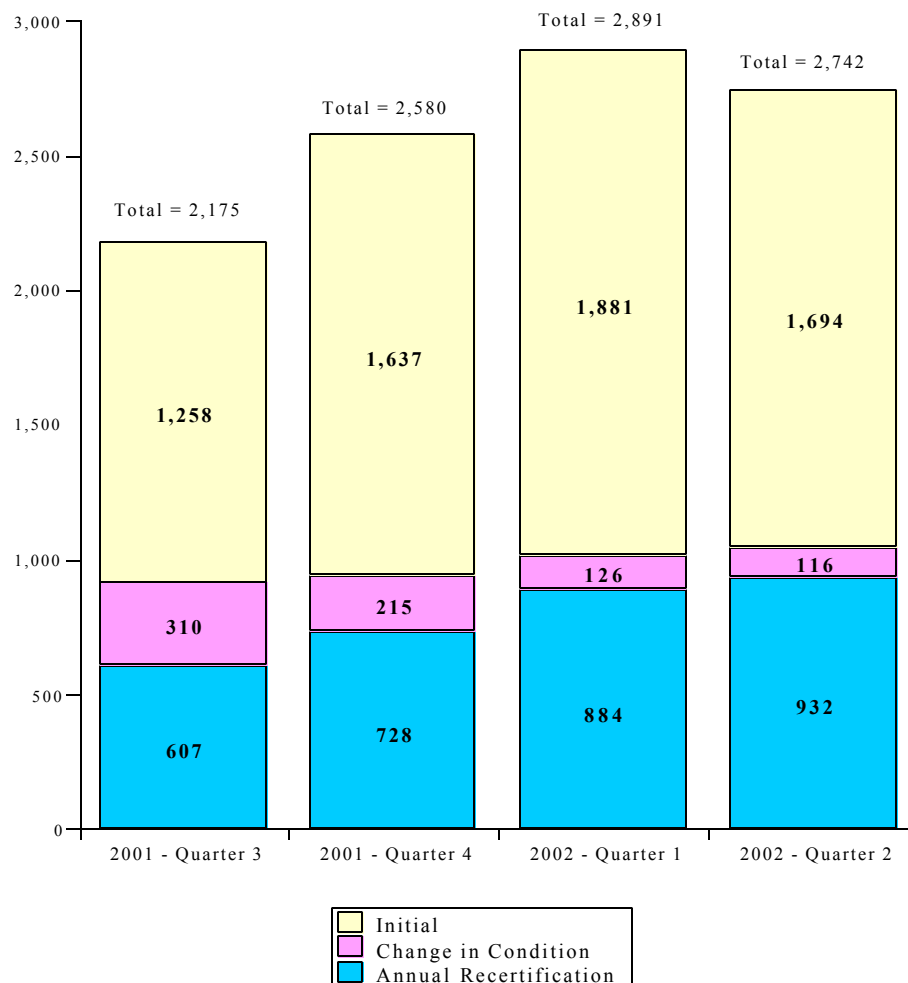


Table 7 presents the total number of long-term care functional screens, of any type, that were completed using the most recent quarter. **Figure 2** provides a graphic representation of this information for the most recent four quarters.

Table 7
**Long-Term Care Functional Screens Completed
 By Target Group and Type of Screen**
 April through June 2002

Type of Screen	Elderly	Developmental Disabilities	Physical Disabilities	Disability - Unspecified	Total
Initial	1,428	104	159	3	1,694
Change in Condition	95	6	15	0	116
Annual Recertification	616	197	119	0	932
Total	2,139	307	293	3	2,742

Figure 2
Long-Term Care Functional Screens Completed By Type of Screen
 Most recent four quarters



Enrollment in Family Care CMOs

Tables 8, 9, and 10 present enrollment as of June 30, 2002, by target group, level of care and Medicaid status. These figures include all members whose eligibility for the Family Care benefit had been determined and recorded as of August 16, 2002. Enrollment procedures for additional individuals are underway. Some of the enrollments that are currently in progress will be recorded retroactively (that is, an enrollment may be recorded in August 2002, retroactively effective as of June 2002.) As a result, enrollment figures for the most recent months *do not yet represent the total enrollment* that will be achieved after all in-process enrollments are completed. **Figure 3** shows the CMO enrollment trend for each of the CMO counties over the most recent four quarters.

Table 8
Total CMO Enrollment by Target Group
 June 30, 2002

CMO Counties	Elderly	Developmental Disabilities	Physical Disabilities	Target Group Not Recorded*	Total
Fond du Lac	429	287	110	0	826
La Crosse	466	351	307	4	1,128
Milwaukee	3,386	5	23	18	3,432
Portage	259	179	103	0	541
Richland	116	84	55	0	255
Total	4,656	906	598	22	6,182

* CMO members whose enrollment records cannot yet be matched with target-group information from their functional screens, usually because of the timing with which the data from the two sources are loaded into the central database.

Tables 9 and 10 present Family Care enrollment by level of care and by Medicaid status. Payment is provided to the CMOs on the basis of each member's level of care, either comprehensive or intermediate. A few members are 'grandfathered,' that is, do not meet functional eligibility criteria, but are enrolled on the basis of previous enrollment in related programs. The comprehensive level includes people who are functionally eligible for nursing home care under Medicaid requirements. The intermediate level includes people who need help with only one or a few daily activities and therefore are not eligible for nursing home care, but who are otherwise eligible for Medicaid or are in need of adult protective services. CMOs receive a higher monthly payment for comprehensive enrollees, which includes both federal and state funding, and a lower monthly payment for intermediate enrollees, which is funded entirely by the State. The comprehensive level includes a few people who are not functionally eligible for nursing home care, but who have very high needs for assistance. For these people, DHFS pays the CMO the higher monthly rate, but with no federal match funding unless the person has regular Medicaid.

Table 9
CMO Enrollment by Level of Care
June 30, 2002

CMO Counties	Comprehensive	Intermediate	Grandfathered	Total
Fond du Lac	817	9	0	826
La Crosse	1,097	27	4	1,128
Milwaukee	3,423	9	0	3,432
Portage	509	32	0	541
Richland	247	8	0	255
Total	6,093	85	4	6,182

Table 10
CMO Enrollment by Medicaid Status
June 30, 2002

CMO Counties	MA Eligible	Non-MA Eligible	Total
Fond du Lac	820	6	826
La Crosse	1,098	30	1,128
Milwaukee	3,354	78	3,432
Portage	519	22	541
Richland	247	8	255
Total	6,038	144	6,182

Figure 3
CMO Enrollment
 Enrollment Reached at the End of Each Quarter
 Most recent four quarters

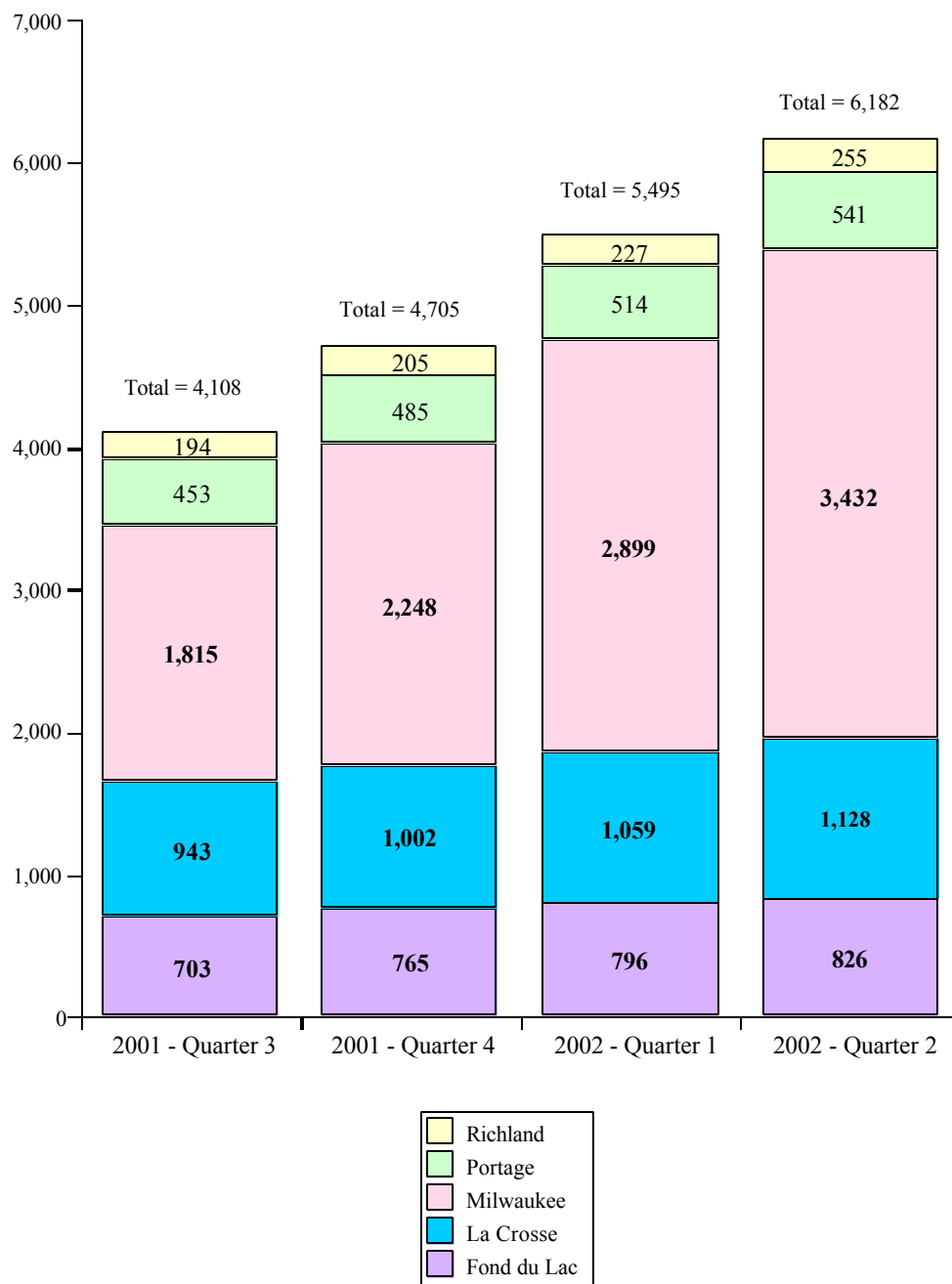


Table 11 presents cumulative disenrollments from Family Care CMOs through June 30, 2002, by cause of disenrollment, as recorded as of August 26, 2002. As with enrollments, disenrollments may take several months to process. A small number of members with recent, temporary loss of MA eligibility may ultimately not lose any continuity of CMO services, but this is a small, short-term exception to disenrollments caused by lost eligibility.

Table 11
CMO Disenrollments
Cumulative through June 30, 2002

CMO Counties	Deceased	Lost Eligibility	Voluntary Disenrollment	Total
Fond du Lac	124	10	55	189
La Crosse	163	38	50	251
Milwaukee	326	50	133	509
Portage	97	6	30	133
Richland	23	2	1	26
Total	733	106	269	1,108